

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 03, 2006 8:00 am
Secretary of State

02-03-2006 90004 034 ***150.00

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1. Entity Name
CILISE CORPORATION



Principal Place of Business

**9000 SW 36TH STREET
MIAMI, FL 33165**

Mailing Address

**SUITE 330
9990 SW 77TH AVENUE
MIAMI, FL 33156-2661 US**

60011191



01032006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1856329

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MARGOLIS, JOHN A
SUITE 330, 9990 SW 77TH AVE
MIAMI, FL 33156-2661**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	RODRIGUEZ, AUGUSTO PLINIO
STREET ADDRESS	9000 SW 36TH STREET
CITY-ST-ZIP	MIAMI, FL 33165
TITLE	S/D
NAME	RODRIGUEZ, MARGARITA
STREET ADDRESS	9000 SW 36TH STREET
CITY-ST-ZIP	MIAMI, FL 33165
TITLE	VP/D
NAME	RODRIGUEZ, AUGUSTO CESAR
STREET ADDRESS	9000 SW 36TH STREET
CITY-ST-ZIP	MIAMI, FL 33165
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/25/06

(305) 554-1106